

ISF061
C 6/02
R 10/04

**INTEGRATED STATEWIDE INFORMATION SYSTEMS
HUMAN RESOURCES AGENCY CONTACT
SETUP/CHANGE FORM**

DEPT NO: _____
(Select appropriate department from drop-down list)

AGY / PERSONNEL AREA: _____

AGY / ORGANIZATION / DEPT NAME: _____
(Agency, Organization or Department Name Where Contact is Employed)

CONTACT INFORMATION:

Name: _____

Title: _____

Messenger Mail: ☐ Yes ☐ No

Remedy Userid: _____
(Required for HR Security)

Address: _____

Telephone Number: _____ **FAX:** _____

E-mail Address: _____

HR Role: ☐ **HR Director**

HR Security Role: ☐ **Security Administrator - Primary**

(Select only one) ☐ **EA Manager**

(Select only one)

☐ **Security Administrator - Alternate**

☐ **Time Super User**

Note: Authorizes contact to sign and submit the electronic and paper versions of security related forms to OIS for processing.)

AGENCY(S) / PERSONNEL AREA(S) RESPONSIBLE FOR: *(List each agency / personnel area for HR role selected above)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Undersecretary or
Appointing Authority Signature:** _____

Date: _____

For information concerning submission of completed forms:
<http://www.doa.louisiana.gov/OIS/service/forms/submission.htm>